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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/520,020	10/03/2005	Sanjay Suri	04-40419-US	9391
Louis M Heidel	7590 03/13/200 berger	9	EXAM	INER
Reed Smith 2500 One Liberty Place				HAWQUIA
1650 Market St			ART UNIT	PAPER NUMBER
Philadelphia, P.	A 19103		1626	
			MAIL DATE	DELIVERY MODE
			03/13/2009	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intensions Summans	10/520,020 SURI ET AL.		
Interview Summary	Examiner	Art Unit	
	SHAWQUIA YOUNG	1626	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SHAWQUIA YOUNG</u> .	(3)		
(2) <u>Nanda Kumar</u> .	(4)		
Date of Interview: <u>04 March 2009</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	t)∏ applicant's representative	·]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The Examiner attempted</u> the instant application but was unable to get in contact with	to contact the above attorney		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTIFILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
/Shawquia Young/			

Application No.

Applicant(s)